

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2900 / 7006

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cruz for President

A. Full Name (Last, First, Middle Initial)

JAMES KING

Mailing Address P.O. BOX 10

City	State	Zip Code
WALLIS	TX	77485-0010

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.288483

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		15		2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

JAMES KING

Mailing Address P.O. BOX 10

City	State	Zip Code
WALLIS	TX	77485-0010

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
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Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.315682

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

KATHY KING

Mailing Address 5411 ANSDELL CT

City	State	Zip Code
HOUSTON	TX	77084-2094

FEC ID number of contributing federal political committee.

C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17.303893

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....

1200.00

Total This Period (last page this line number only).....